

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	/	/					51		
2		/					52		
3		/					53		
4		/					54		
5		/					55		
6		/					56		
7		/					57		
8	/	/					58		
9		/					59		
10		/					60		
11		/					61		
12		/					62		
13	/	/					63		
14		/					64		
15		/					65		
16		/					66		
17		/					67		
18	/	/					68		
19		/					69		
20		/					70		
21		/					71		
22		/					72		
23		/					73		
24		/					74		
25	/	/					75		
26		/					76		
27		/					77		
28		/					78		
29		/					79		
30	/	/					80		
31		/					81		
32		/					82		
33		/					83		
34		/					84		
35	/	/					85		
36		/					86		
37		/					87		
38		/					88		
39		/					89		
40		/					90		
41		17					91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	7						TOTAL IND.		
TOTAL DEP.	50						TOTAL DEP.		
TOTAL CLAIMS	57						TOTAL CLAIMS		